

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 097622433		FILING DATE				
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		2					53						
4		2					54						
5		①					55						
6		①					56						
7		①					57						
8		①					58						
9	1						59						
10		1					60						
11		2					61						
12			1				62						
13							63						
14							64						
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44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2	↘		↘		↘	TOTAL IND.		↘		↘		↘
TOTAL DEP.	12	↘		↘		↘	TOTAL DEP.		↘		↘		↘
TOTAL CLAIMS	14						TOTAL CLAIMS						